Adding Value Through New Roles: RSVP, St. Joseph Mercy Oakland

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RSVP Transition Specialist

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Why?
Build community health and relationships by meeting patients where they need care and when they need it.

History

January 2015
Bloomfield Township Fire Department approached St. Joseph Mercy Oakland.

July 2017
Expansion of Program to STAR EMS

August 2015
First RSVP Visit Conducted

May 2019
State of Michigan Approval for RN Conducted Visits
RSVP OBJECTIVES

- Assist with transition to home, providing continuity of care, prevent avoidable hospital re-admissions and enhance healthy outcomes
- Assess for medical needs
- Assure the patient understands and is taking their medications correctly
- Assure the patient understands their d/c instructions
- Assure the patient has scheduled follow up appointments
- Home safety check
Choosing RSVP Candidates

High risk for re-admission diagnosis

Referrals from Case Managers, Transitions of Care, Social Work, PCP’s office, daily screening of admissions.

Patients are seen → Program Explained/ Offered → Consent obtained.
The Paramedic’s Role

• Patient Assessment
• Medication Reconciliation
• Home safety check
• Communication with RSVP providers via HIPAA compliant secure video platform
• Education, demonstration, review, reinforcement of discharge instructions and medication adherence
Visit Intervention Details

Percentage of Patients (341 Total) Needing Intervention

- 30 Day Readmission: 11%
- Referred to PCP: 7%
- Needed Assistance Scheduling Appointments: 71%
- Follow Up Call Needed to PCP: 54%
- Referred to Community Services: 40%
- Needed Prescription Assistance: 57%
- New Medications Prescribed: 10%
- Medication Changes: 30%
They allayed many of the concerns we had.

“The paramedics found that I wasn’t taking my medication correctly and I was taking the wrong meds.”

“Thanks to a wonderful team.”

“They alerted me that my oxygen level was set too low and I didn’t even realize it.”

“The paramedics were outstanding.”

“The extra support offered is greatly appreciated.”
Lessons Learned

• Robust infrastructure vital to program success
• Transition Specialist must possess critical thinking and strong communication skills and understand EMS operations
• The discharge process is vital to reduce avoidable readmissions
• Know what you want, why you want it, and what you plan to do with data collected
• “First fill” of prescriptions is helpful in preventing readmissions
• Barriers to successful home recovery exist, regardless of socioeconomic status
Comments or Questions?